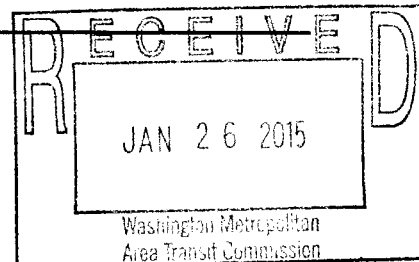


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2144 ABC Worldwide Chauffeured Transportation

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

65 Glen Road 656 Garner NC 27520

\*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

919 934-7800 934-7800 Service@abclimoww.com

\*Telephone

Other Telephone

Fax

E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

195531

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Deena Bowles Owner

\*Name

\*Title

919 934-7800

\*Telephone

Other Telephone

Fax

E-mail

Service@abclimoww.com

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Kennell Watson

Name of Registered Agent for Service of Process

Telephone

E-mail

3200 16th Street

208 Washington

DC 20010

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. # applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2012	Chev	1GBJG31K881217856	2A2295	NC	14	N
	2012	Chev	1GB363CG8C1142098	FQD5323	DN	14	N
	2009	Ford	1FMFK20539EB27283	2C9283	NC	7	N

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Deena Bowser  
**\*Name** (type or print)  
SR. Managing Partner  
**\*Title** (not required for sole proprietors)

Deena Bowser  
**\*Signature**  
Jan 23 2015  
**\*Date**